

mended the use of the switch, which, from my impression at that time, I had no doubt, would, in a few minutes, bring him to himself, and supersede the necessity of any thing else for the future. It was quickly resorted to, but with no better success than the rest of my prescriptions. During its application he cried aloud, but did not open his eyes, nor show the least symptom of returning wakefulness. I was truly sorry that I had been the cause of his suffering so unnecessarily, for, to my mind, it was then evident, that his situation was the affect of disease, and was not assumed for the purpose of deception. Being satisfied in this particular, and still attributing the situation of my patient to a fulness of the blood-vessels of the brain, I opened a vein in his arm, and took half a pint of blood, from which not the least benefit was discoverable; and as I could suggest nothing else which promised to be more successful, I left my patient to sleep off his fit as usual, which he did by seven o'clock, A. M. on the morning following. On the 3d of July, he suffered another attack, which differed from those which had preceded it in this particular only, that he slept with his eyes open.

Depletion, after so long a trial, having been productive of no apparent benefit, I determined to discontinue it, and conjecturing that the disease, possibly, might be of gastric origin, directed as an antacid and tonic, three grs. of the sub. carbonate of ammonia and half a drachm of the tincture of columbo, mixed in a wine-glass of water three or four times a day. Under this treatment the patient had no fit until the 10th inst., having had an intermission of seven days, during which time he had taken his medicine regularly, and had been confined to light suppers. The attack on the 10th was succeeded by others on the 15th, 18th, 20th and 29th of July, after which there was no other until the 10th of September following, and this no doubt was brought on by a hearty supper taken the night before. From that time up to the present, March 6th, 1836, the patient has enjoyed a perfect exemption from all kinds of disease, and is now as fine a looking boy as any in the country.

*St. Clair, Burke County, Geo., March, 1836.*

---

ART. X. *Observations in the Neuralgiæ.* By CHAS. C. HILDRETH, M. D.  
of Zanesville, Ohio.

Perhaps in no class of diseases, have greater practical improvements been made within the last few years, than in the treatment of

the neuralgiæ. The profession are much indebted to Mr. Teale, of London, for many valuable discoveries in the diagnosis and treatment of nervous diseases. He has beautifully illustrated and confirmed the fact, that disease of the spinal column, or ganglia of the sympathetic, is not so much evinced by symptoms developed at the immediate seat of the affection, as by pain and irritation at the extremity of the nerves, arising from the diseased mass. Hence, all those nervous affections of the head, heart, stomach, &c. so frequently met with in hysteric females, should not be regarded as diseases of the particular nervous filaments distributed to those organs, but as diseases of the ganglia or nervous masses from which the filaments are derived. This is a pathological fact of immense importance in a practical point of view. It teaches us the actual seat of disease, and the cause and origin of the symptoms attending it. Experience also proves the fact, that pressure over the diseased medulla spinalis produces pain in the filament arising from it; that such pressure cannot be borne to any extent, should there be much irritation or congestion of the neurillema beneath.

By observation, we learn, that the most prompt relief of the neuralgia of the filament is to be found in the removal of this spinal tenderness or irritation, by depletion and counter-irritation.

The attending symptoms evince disease of both anterior and posterior branches of the spinal nerves. Thus, we have rigidity, loss of power, tremors or spasmodic convulsions from irritation of the nerves of motion or volition; partial paralysis and impaired or most exquisite sensibility, and pain in the nerves of sensation. Permit me to give a few cases in illustration of the above observations.

CASE I. Mrs. G., æt. 50, has for many years been severely afflicted with pain in her face, head, arms, breast, &c. The pain in her face she supposed to have originated from the extraction of a tooth, and the removal of part of the superior maxillary bone. The pain in her head is of a purely neuralgic character, intermitting, and of the acutest intensity; occasionally darting from the upper part of the cervical spine, entirely around the scalp. Her eyes become tumid and painful during a paroxysm; her face also swells, the muscles of the neck become rigid and painful; her arms partially paralytic, the needle drops from her fingers, and prickling sensations are felt even to the extremity of the limb. Pain is, also, sometimes felt in her side, breasts, and stomach; but these symptoms give her but little inconvenience, compared with the facial and cranial affection.

*By way of consolation*, her physicians uniformly told her that there

was nothing the matter with her *but the hysterics*. The cervical spine was found very tender on pressure throughout its whole extent. Here we at once perceive the fons et origo of all the above symptoms. Pressure upon the first and second cervical vertebræ, caused the pain to shoot around the head, in the direction of the sub-occipital and posterior branches of the second pair of nerves. Pressure upon the next two vertebræ, produced pain in the face and neck. The application of the fingers to the lower cervical vertebræ gave pain in the arms and breast. The manual examination aggravated the pain for some hours.

Directed a blister over the whole of the cervical vertebræ; and sulph. quinæ grs. vj. to be taken in the early part of the day, to prevent the violence of the paroxysm usually occurring in the after part, the quinine to be continued daily. The blister *while drawing* very much aggravated all her sufferings, but afterwards alleviated the same in a far greater degree than any previous application for the last two years. After the drying up of the blister, the pain began to return. The patient being very anxious for relief, and the spine not yet bearing pressure, I determined to abstract some blood by cups. At the commencement of the operation, the patient was comparatively free from pain. The exhaustion of the first cup (over the first and second vertebræ) caused the pain to move slowly around the head beneath the scalp, commencing at the spine, whence it proceeded around a little above the ear to the forehead, and from thence over the parietal bone to the spine on the other side. It proceeded so gradually, that the patient, with her finger, pointed out to me its course and progress. The pain was at first most intolerable, but, after the free abstraction of blood, it gradually subsided. The next cup covered the third and fourth vertebræ, and produced pain in her *cheek* and neck; the next, applied still lower, produced pain in her arms, and slightly in her breast.

In a few hours after the cupping, the pain ceased entirely, and did not again return for several weeks. About a month after the first cupping, her arms became somewhat paralytic, and the facial neuralgia was aggravated. For the relief of those symptoms, she was again cupped over the cervical vertebræ, and the following ointment liberally applied to the part. R. Tart. antim.  $\mathfrak{z}$ ii. pulv. Lyttæ vesic. grs. xv. ceratum simplex  $\mathfrak{z}$ i. ft. unguent. S. Apply to back of neck twice daily.

A very irritating and painful eruption soon followed the use of the ointment. It was allowed to desquamate and was produced again and again, until all tenderness on pressure was removed. She is now entirely free from all neuralgic symptoms. The facial neuralgia very

much resembled the tic doloureux of the books, but was not located in the branches of the fifth pair, nor in the portia dura of the seventh, but probably in the superficial cervical nerves spread out on the cheek. In speaking of facial neuralgiá, it may not be amiss to mention, that I have in several instances seen the north pole of a strong artificial magnet, give prompt relief during a paroxysm. Concerning the *modus operandi* of the magnet, I can say nothing, nor shall I attempt to explain the intimate relation or connexion between the magnetic, galvanic, and nervous fluids. Of the fact, however, as above stated, I am perfectly satisfied from observation. A strong solution of the cyanuret of potash, and a combination of the extr. belladonna with morphia, spread upon adhesive plaster, and worn over the nerve affected, are local applications which promise much relief.

CASE II. Mrs. K. H., æt. 38, having recently returned from a malarial district, consulted me concerning an intermittent not long since contracted. I found her in the third paroxysm, with high fever, violent pain in the head and side, with acute sensibility to pressure over the left hypochondrium; her pulse full and strong; skin hot and dry; V. S. to approaching syncope was practised with much *apparent* advantage. Profuse diaphoresis followed the use of the lancet, with prompt alleviation of pain. Her bowels not having been moved for the last three days, a powder containing twenty grs. of calomel and ten grs. of Dover's powder was exhibited, to be followed in three hours by active cathartic pills. Instituting a more minute examination of her case, I ascertained that the paroxysm was quotidian, and that she had but recently recovered from a tertian of seven weeks duration. Her menses had been suppressed for the last two years. In the interim she had been afflicted with the usual routine of hysterical symptoms, as palpitations, globus hystericus, syncope, &c.; general health very much impaired. Notwithstanding the free action of the cathartic medicine, the succeeding paroxysm was far more severe than the last, and was attended with hysterical mania or delirium, of so violent a character, that her attendants supposed her dying. For the purpose of temporarily relieving her, I administered the usual antispasmodics, with the effect of restoring her to consciousness. She now complained bitterly of "rheumatism of her knee." On examination, her left knee was found *somewhat red, much swollen, very painful, and to the touch acutely sensitive*, thus exhibiting all the most prominent characteristics of acute rheumatism. This painful affection of the joint, she informed me, was always very much aggravated during the intermittent paroxysm, and at all other times gave her but little inconvenience.

She also complained of violent pain in the left side, not increased by full inspiration, and unaccompanied by cough; but much aggravated by the slightest pressure. Of course, I could not refer the symptoms to pleuritic disease. To confirm my diagnosis of spinal irritation, I had but to make the requisite examination. Applying my fingers to the first and second cervical processes, the patient complained of increased pain in the head. This being of a superficial character, and confined to the scalp externally, I referred it to a neuralgic affection of the sub-occipital and posterior branch of the first pair of cervical nerves. Pressure upon the lower cervical vertebra produced palpitations, and slight angina pectoris; upon the upper dorsal, gastric distress, flatulence, and globus, compressing the lower dorsal, I could readily refer the increase of pain and sensibility of the side to neuralgic irritation of the intercostal nerves, and the superficial cutaneous branches. Coming to the lumbar spine, I must confess my surprise to find my "rheumatism" so much aggravated by a little pressure on the processes. Began to question the propriety of substituting the term neuralgia of the knee for rheumatism. However, as the disease had all the ostensible properties of rheumatism, and recollecting the prompt relief afforded by the application of *cups to the spine* in acute cases, I concluded to call it rheumatism. This, however, is a matter of but little importance, as in practice we prescribe for symptoms, and not *names of disease*. For, I suppose, it is in this case, as Shakspeare says about the rose; that which we call a rheumatism, *by any other name will be as painful*. Having perfectly satisfied my own mind concerning the nature of the case, I at once proceeded to the treatment, and the upper dorsal being the most sensible part of the spine, I applied a blister to the same, extending over six or eight of the vertebræ. A turpentine embrocation was directed to the remaining portions. During the febrile intermission, sulph. quinæ grs. x. was exhibited with the expectation of preventing the recurrence of the paroxysm. In this, however, I was disappointed.

*Sept. 2.* The irritation of the blister, together with the previous depletion by the lancet (which was, no doubt, decidedly injurious) gave rise to another paroxysm, attended with long continued syncope, and followed by a slight chill and mild fever; but far less violent than the preceding. Stomach very irritable, rejecting frequently its contents. The pain of the side and knee were again aggravated during the paroxysm. Applied sinapism to epigastrium, and gave small doses of calomel and Dover's powders every two hours.

*Sept. 3.* Found the blister discharging freely; stomach much less

irritable; the pain and sensibility of the side much diminished. Applied blister over the lumbar spine, and directed sulph. quinæ grs. x. to be taken before the expected paroxysm. This had the desired effect of preventing its recurrence.

*Sept. 4th.* No pain has been felt in the side or knee; but the patient suffered violent headache during the night, and profuse diaphoresis towards morning—feels much debilitated, and without appetite. Directed sulph. quinæ grs. vj. to be taken daily, and a blister to the cervical spine for the relief of the headache, which was evidently neuralgic, as above explained;—generous diet and occasional stimulants were also prescribed. From this time the patient improved rapidly. The blisters were kept discharging for several days, and were re-applied until the spinal tenderness was perfectly relieved. With the subsidence of the spinal irritation disappeared also all those neuralgic, hysteric, and rheumatic affections, with which she had been so long afflicted.

*Dec. 10th, 1854.* Patient informs me that she still remains free from the symptoms above detailed, and enjoys much better health than she has had for some years previous.

*Remarks.*—We deem the above case interesting, chiefly on account of its complicated character. We have here presented all the symptoms of spinal neuralgia, hysteria, rheumatism, and intermittent fever, collectively. I need not say that all the above symptoms originated in disease of the spinal column, except, perhaps, the intermittent, which, primarily at least, had a malarial origin. I apprehend, however, that much difficulty would have been found in *permanently* curing the intermittent, without first removing the spinal irritation. She informs me, that her previous attack of ague of seven weeks duration was not checked except by inducing a profuse salivation; nor had she entirely recovered from the effects of the mercury when she first consulted me—thus indicating a strong tendency to a relapse. The first attack had resisted a great variety of remedies—and being finally suspended by the calomel, in a few days returned. The second was promptly checked by a few doses of quinine, together with the *applications to the spine*, and has not since returned.

The rheumatic or neuralgic affection of the knee was, perhaps, the most interesting feature of the case. During her previous attack of ague, she informs me she had suffered rheumatism of the joints of the elbow and wrist; and that the pain, &c., was (as in the present case) confined almost exclusively to the paroxysm. The knee joint has alone suffered since she came under my charge. As before observed, during the febrile paroxysm, she complained much of pain and ten-

derness of the joint. This was also much increased by pressure over the lumbar vertebræ, at the origin of the nerves affected. We think the profession much indebted to Dr. J. K. Mitchell and others, for their pathological and practical observations on the *special* origin and treatment of rheumatism. To the prompt relief afforded by cups to the spine, in the acute stage of the disease, I can testify from personal observation. And although blisters to the spine do not produce such obvious relief as the abstraction of blood by cups, yet in the present instance they afforded almost immediate benefit. The *tenderness* of the spine, which is rather an unusual symptom in rheumatism, was in this case well marked. The intercostal, neuralgic, and the accompanying hysteric symptoms, have been already sufficiently explained.

CASE III. *Convulsive Hysteria*.—Jan. 17th, 1833, I was requested to visit Miss S. F., residing eight miles from Zanesville. Found her in convulsions, with rigid spasmodic action of the extensors of the whole system;—highly nervous and excitable—the least noise or motion bringing on the convulsive paroxysm—no fever, or much acute pain at present. Her mother informs that she had suffered violent headache and pain in the side on the day previous, which had been partially relieved by sinapisms. The spasms came on two days previously, and immediately after the catamenia. From the existing symptoms, I inferred derangement of the menstrual function—probably suppression during the period of secretion—but, on inquiry, learned that she had menstruated the usual number of days, *though much too profusely*—and that menorrhagia had existed for the last nine months.

Dr. Tate, I believe, first pointed out to the profession that convulsive hysteria never exists without *disordered menstruation and spinal irritation*, (usually in the upper dorsal and lumbar vertebræ,)—and that hysteria in all its protean shapes, is only *permanently* cured by removing this spinal disease—a suggestion I have almost daily acted upon among delicate nervous females; and of the truth of which I am perfectly convinced from observation. But to return. The patient for two days previous had been rather cold and chilly, but reaction had now come on with full and frequent pulse, and during the paroxysms some flushing of face—V. S. to  $\frac{2}{3}$  xvj. was followed by acet. morphicæ gr. i. with the hope of checking the convulsions. As they, however, proved rather intractable, the warm bath was used with good effect. The perspiration had a peculiarly offensive odour—after the bath pulv. ipecac. comp. grs. xv. was exhibited. In the course of an hour and a half, the spasmodic action was allayed, and the patient went to sleep. The spinal column proved very tender on pressure,

through nearly its whole extent. As soon as the system became narcotized, a blister was applied to nearly the whole extent of the affected portions, in order to effect a permanent cure of the disease. The process of vesication had no unpleasant effect at the time; nor did the spasms recur after its application. It was directed to be kept discharging for almost a week, and to be re-applied should any tenderness of the processes continue. For two years past the patient has had no return of the hysteria nor menorrhagia.

CASE IV. Miss T., æt. 17, residing four miles from Zanesville, has for two years past been troubled with hysterical symptoms. Within the past month they have become much aggravated. She has deranged menstruation, constipated bowels, and occasionally paroxysms of a convulsive disease resembling catalepsy—(no doubt some anomalous form of hysteria.) This convulsive affection, from its frequent recurrence, has somewhat impaired her mental vigour. Examining the case more minutely, I found much derangement of the stomach and bowels, a furred tongue, and verminous symptoms;—occasionally she had fever, violent pain in the head, and delirium. Her mother, (a very intelligent woman,) said that she despaired of her ever regaining her health, as the above symptoms had existed for some years past, and were daily becoming more aggravated—said she thought her daughter's intellect was fast declining, and expressed fears of her becoming entirely idiotic. The patient informed me that the pain in the head was always preceded by pain in the cervical and upper dorsal spine; from which it seemed to radiate to the head, and at once deprive her of consciousness;—the convulsive paroxysm followed. I supposed, on reflection, that the above symptoms originated in part from intestinal irritation, and partly from spinal disease. Her bowels were constipated, and the secretions from the mucous membrane of a vitiated character, as usually occurs in chlorosis. Pressure upon the upper dorsal spine caused her great pain; and upon the upper cervical, produced the pain in the head, and almost deprived her of consciousness. By the repeated administration of large doses of calomel, followed by full doses of castor oil and spirits turpentine, large quantities of lumbrici were evacuated, and the secretions of the liver and mucous membrane gradually became more healthy—her evacuations being at first very dark and effusive. The paroxysms still continued, but were less frequent, and diminished in violence.

To correct the spinal irritation, we at first applied a blister. This, however, had but little effect. Ung. tart. antim. was then applied:—during the coming out of the eruption the convulsive parox-



ysms were aggravated in all respects; but as it gradually went away they were manifestly benefitted. As considerable tenderness still existed over the cervical spine, cups were applied, and blood abstracted with good effect. In a few days afterwards, a very active and irritating application was made to the affected portion of the spine, of *pix. Burgund., tart. antim., pulv. littæ vesic.* This was applied in the form of plaster, and produced a painful revulsive action, and almost perfectly relieved the spinal tenderness. The irritation in this case was found unusually obstinate. Some counter irritation was made to the affected portion almost constantly, for a space of about *four months*. It was not until after the repeated application of cups, blisters, *tart. antim., &c.*, that the spinal irritation was removed, and the paroxysms ceased. During the cure active exercise in the open air was enjoined;—*carb. ferri., sulp. quina.,* and other tonics were also exhibited.

*Jan. 12th, 1836.* The father of the young lady this day informs me that her health is now perfectly restored, but thinks her mental vigour still slightly impaired, particularly her “memory of events.”

CASE V. Mrs. S., æt. 65, came to Louisville, to consult me about a neuralgic affection of the eye and circum-orbital region, with which she had been suffering most acutely for four months past. Saw her first in December 24th, 1835; she had been under the charge of other physicians since September last. She has been perfectly blind for four or five years in the affected eye, (the left,) from amaurosis. The eye presented the following symptoms: chronic inflammation of the conjunctiva and meibomian glands; cornea slightly vascular and nebulous; sclerotic coat also inflamed, (indicated in part by the violent circum-orbital pain;) iris discoloured and immoveable; great intolerance of light in the sound eye and epiphora; the inflammation and pain is of a purely intermittent or neuralgic character, being more violent every other night. The pain usually commenced at sunset, and continues until morning, of the most intense character. During the day it is less violent; but *even then* she has not for four months been entirely free from it.

“Tired nature’s sweet restorer, balmy sleep,” has been to her eyelids a perfect stranger.

The pain, she informs me, usually commences in a twig of the second branch of the 5th pair, coming out at the supra orbital foramen, but sometimes in a branch of the first filament of the fifth pair, coming out at the superciliary ridge. It comes on very suddenly, and is most intolerable. During the paroxysm there is great intolerance of light and profuse discharge of tears. The feeling of sand

in the eye, (indicating conjunctival inflammation,) is also aggravated. I omitted to mention above an almost perfect paralysis of the upper eyelid, existing for some two or three months past.

Authors on diseases of the eye, would style this case catarrho-rheumatic-ophthalmia. Catarrho, from the similarity of the conjunctival influx to that of other mucous membranes, and rheumatic, from the close resemblance of the pain to that attending inflammation of the fibrous structures in other parts of the body. In the present case, the pain was certainly more truly neuralgic than rheumatic. The eyelids are very tender to the touch during and after the paroxysm of pain. She had some febrile symptoms, some throbbing of temples, and pain of head. Being of full robust habit, I drew about  $\text{℥xvj.}$  of blood from the arm, and administered an active drastic cathartic. As a collyrium, I prescribed the following. *R. Ox. muriat. hydrarg. grs. ii. pulv. g. opii ℥i. aqua distillate ℥viiij. ℥.* *S.* To be applied warm to the eye four times daily. To relieve the pain about the eye, I directed, *R. Extr. belladonnæ ℥i. acet. morphiæ grs. x. tinct. opii q. s. ft. unguent.* *S.* To be smeared over the eyelids and circum-orbital region three times daily, and particularly at night, should the pain return. Small pieces of adhesive plaster were spread with it, (i. e. except the margin,) and worn constantly over the foramina in the face, and orbit, which give exit to the nerves affected.

*Dec. 25th.* Much pleased to find my patient had passed the night comparatively free from pain and had enjoyed some hours of refreshing sleep. The eye exhibited less intolerance of light and epiphora. The *feeling of sand* being still troublesome, and the vessels of the adnata distended with blood, I prescribed the following. *R. Nitrat. argent. grs. x. aqua rosa. ℥i. ft. solution.* *S.* To be dropped into the eye, morning and evening.

At 4, P. M., cups were applied to the left temple; bled very freely; abstracted about  $\text{℥x.}$  After the operation, I could perceive a diminution of the redness and distension of the vessels of the conjunctiva. Directed, *R. Cal. ppt. grs. v., pulv. g. opii grs. iss., pulv. g. camph. grs. iii., conserv. rosar. q. s. ft. massa., en pillul. No. ii. divid.* *S.* To be taken at 5, P. M.

*Dec. 26th.* Found the patient much better. In the natural course of the disease the paroxysm of last night would have been more violent than that of the night previous, but by the remedies it was entirely prevented. Continue treatment. Directed ung. hydrarg. nit. ox. to edges of lids at night, to correct disease of follicles and repress their secretion.

*27th.* Patient still improves. No pain during the night. Perceiving

some increase of the inflammation of the eye in the afternoon, I again applied cups to temple. Continue treatment. The cal. et opii, as usual, at night.

28th. Patient informs me that the circum-orbital pain came on about midnight, but much less violent than usual, and also that *seven* nights previous she had suffered an exceedingly violent attack, thus showing another striking point of analogy between the present disease and the common intermittents of the country, the paroxysms of which are so liable to return every 7th, 14th, or 21st day. Continue treatment.

Directed carb. ferri  $\mathfrak{z}$ i. three times daily—the cal. et opii, as usual, at night, giving a larger dose of opium every other night, to correspond with the violence of the expected paroxysm.

29th. Found the patient suffering slight ptialism—no pain during night; no intolerance of light, nor epiphora; cornea more transparent; pupil irregularly dilated from the belladonna; ophthal. conjunct. much reduced; paralysis of eyelid much alleviated; the patient now having nearly perfect command over the voluntary motion, (probably the effects of the calomel.) Continue treatment, except an omission of the pills of cal. and opii.

30th. Still improving in all respects. Patient feels quite confident of ultimate escape from her most unwelcome nocturnal companion.

Jan. 3d, 1836. Returned to country, entirely relieved of the circum-orbital pain, and accompanying ophthalmia. Vision still gone from the left eye, and no reasonable prospect existing of relieving an amaurosis of four years duration.

Zanesville, Jan. 7, 1836.

ART. XI. *Application of the Bandage in Gonorrhœa.* By S. W. DALTON, M. D., of New Orleans, La.

My attention was first called to the consideration and subsequent adoption of the method here proposed of treating gonorrhœa, when a student of medicine at Transylvania University in 1825, by the lectures of Professor Dudley, upon the use of the bandage in the treatment of local inflammation generally, wherever its application can be properly and equably made. But the peculiar appropriateness of the remedy more particularly struck me, from the remarks of that able professor, upon its use in paronychia and paraphymosis, where pressure gradually increased, even by the hand, for a few minutes, is